

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: _____		2 Serial/Patent # _____		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time	3	9/22/03	\$ 985.00
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ 985.00
		8 TO BE REFUNDED BY:		
10 REASON:		<input checked="" type="checkbox"/> Treasury Check <input type="checkbox"/> Credit Deposit A/C #: 50--2207		
	Overpayment			
	Duplicate Payment			
<input checked="" type="checkbox"/>	No Fee Due (Explanation):			
MAXIMUM extendable period has expired				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: CHARLEMA GRANT		TITLE: Attorney		
SIGNATURE: <i>Charlema Grant</i>		PHONE: 306-0251		
OFFICE: <i>Peterson</i>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <i>[Signature]</i>		DATE: 10/8/03		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B